


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90198 028 ****50.00

DOCUMENT # L03000015984 1. Entity Name SUNSHINE LAND HOLDINGS, LLC	
--	---

Principal Place of Business 4141 SOUTHPOINT DRIVE EAST, STE. B JACKSONVILLE, FL 32216	Mailing Address 4141 SOUTHPOINT DRIVE EAST, STE. B JACKSONVILLE, FL 32216
---	---

DO NOT WRITE IN THIS SPACE



01162007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 05-0570190	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SILVERFIELD, GARY D
4141 SOUTHPOINT DRIVE EAST, STE. B
JACKSONVILLE, FL 32216

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SILVERFIELD, GARY D 4141 SOUTHPOINT DRIVE E STE B JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SILVERFIELD, LEED C 4141 SOUTHPOINT DRIVE E STE B JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BREEDING, HELEN E 4141 SOUTHPOINT DRIVE E., STE. B JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ATKERSON, CHARLES F JR. 8833 PERIMETER PARK BLVD., STE. 1104 JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WAKEFIELD, SERENA 8833 PERIMETER PARK BLVD., STE. 1104 JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Gary D. Silverfield Date: 3/22/07 Daytime Phone #: 904-332-7099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE